

## ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGN

Post Office Box 11026 ♦ Birmingham, AL 35202 ♦ 205-317-0356 E-Mail: ID.admin@idboard.alabama.gov www.idboard.alabama.gov

## CHANGE OF NAME OR ADDRESS

## **INSTRUCTIONS:**

In order to maintain contact and to receive information from the Board in a timely manner, please complete and submit this form each time your contact information changes
This form shall be signed and dated.
This form shall be completed in its entirety.
Please type or print clearly in black ink.

| Please check all that apply:  □ Name Change □ Residence Information Change □ Business Information Change |                  |                              |                    |                     |           |  |  |
|--|------------------|------------------------------|--------------------|---------------------|-----------|--|--|
| SECTION I: NAME CHANGE   |                  |                              |                    |                     |           |  |  |
| Previous First Name:   |                  | Previous Middle/Maiden Name: |                    | Previous Last Name: |           |  |  |
| Current First Name:  |                  | Current Middle/Maiden Name:  |                    | Current Last Name:  |           |  |  |
| SECTION II: ADDRESS AND INFORMATION CHANGE   |                  |                              |                    |                     |           |  |  |
| CE   | Mailing Address: |                              |                    |                     |           |  |  |
| RESIDENCE  | City:            |                              | State:             |                     | Zip Code: |  |  |
|  | Phone Number:    |                              | E-Mail Address:    |                     |           |  |  |
| BUSINESS   | Business Name:   |                              | Position or Title: |                     |           |  |  |
|  | Mailing Address: |                              |                    |                     |           |  |  |
|  | City:            |                              | State:             |                     | Zip Code: |  |  |
|  | Phone Number:    |                              | Fax Number:        |                     |           |  |  |
| I hereby certify that the information provided is accurate and complete:                                 |                  |                              |                    |                     |           |  |  |
| Signature:   |                  |                              | Date:              |                     |           |  |  |
|  |                  |                              |                    |                     |           |  |  |

Send completed form to: ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGN P.O. 11026 Birmingham, AL 35202

| For E | Board | Use   | Only |
|-------|-------|-------|------|
| Date  | Recei | ived: |      |

FRM: INFCHA Rev: 01/08